

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER**

2011-5017

Date: 12/5/2011

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

TOAST OF THE TOWN, LLC DBA A STAR LIMOUSINE
2025 PITTSBURGH AVE. CHARLESTON SC 29405
 Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 745-6279

Phone

Fax

Demaim3@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

flac

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 12 Year 2011

Assets:

Cash	\$ 4500.00
Receivables	\$ 75,000
Real Estate	Ø
Buildings and Equipment (Net)	Ø
Motor Vehicles (Net)	\$ 120,000.00
Garage Equipment (Net)	Ø
Machinery and Tools (Net)	Ø
Supplies on Hand	\$ 450
Prepays and Other Assets	
Total Assets*	
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	\$ 35,000
Other Accrued Obligations	
Other Liabilities	Insurance \$ 15,000
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$102.00 per hour — \$150.⁰⁰ per hour
Depending on car

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
LINCOLN	TOWN CAR	2006 1LFM88W66Y644888	5730
LINCOLN	TOWN CAR	2000 1L1FM91WSTT796237	5454
LINCOLN	TOWN CAR	2002 1LNHM81W7YY904927	4047
Ford	EXCURSION	2003 1FMNU4CL73EB83301	3262
GM	H2 Hummer	2004 5GRRG ^N 23484H106521	6376
ROLLS ROYCE	AUSTIN	1962 VDM414935	3200

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Toast of the Town, LLC

Name of Applicant

1934 Discher St. Charleston SC 29405

Address of Applicant

Amount of Premium: 15,000

Limits Quoted: (See Below)

15,000

Liability Insurance \$

~~1,000,000~~

Limits

~~1,000,000~~

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

National Indemnity Company % Columbia

Name of Insurance Company

3024 Hamer St. OMAHA NEBRASKA

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/06/11

Date

Kevin Adams

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000; 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

TOAST OF THE TOWN DBA A STAR LIMOUSINE
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.
☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.
☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Demal MITTSON
Demal MITTSON
Applicant's Signature

OPERATIONS MANAGER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 6 day of Dec, 20 11

James Lawton JACKSON
Notary Public
Commission Expires 12/05/2015



Secretary of State Search

Mark Hammond's Office

1903163

Main Page

What's New

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Office of the South Carolina Secretary of State

Business Filings Division

Information for:

TOAST OF THE TOWN, LLC

Check Charities Database

Note*** This online database was last updated on 01/18/2008 see our Disclaimer

DOMESTIC / FOREIGN:

Domestic

STATUS:

Good Standing

STATE OF INCORPORATION /

SOUTH CAROLINA

ORGANIZATION:

REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME:

JOHN F MARTIN

ADDRESS:

113 CAPPOO CREEK DR

CITY:

CHARLESTON

STATE:

SC

ZIP:

29412

SECOND ADDRESS:

FILE DATE:

01/14/2008

EFFECTIVE DATE:

01/14/2008

DISSOLVED DATE:

CORPORATION HISTORY RECORDS

Code	File Date	Comment	Document
DOMESTIC LIMITED LIABILITY COMPANY	01/14/2008	AT WILL	FILM

[Return to Previous Page](#)

RECEIVED

JAN 23 2008

PSC SC
DOCKETING DEPT.

Martin Law Firm

ATTORNEYS AND COUNSELLORS AT LAW
113 WAPPOO CREEK DRIVE
CHARLESTON, SOUTH CAROLINA 29412

JOHN F. MARTIN

TEL: (843) 762-2121
FAX: (843) 762-2333

BRIAN G. BURKE

MARSHA L. HASS
OF COUNSEL

FACSIMILE TRANSMITTAL SHEET

TO: <u>Tricia DeSanty</u>	FROM: <u>JFM</u>
COMPANY:	DATE: <u>1/22/08</u>
FAX NUMBER: <u>803-896-5199</u>	TOTAL NO. OF PAGES INCLUDING COVER: <u>(2)</u>
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: <u>Toast of the Town, LLC</u>	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ HARD COPY TO FOLLOW

NOTES/COMMENTS:

Being sent to you per Jeff Nelson's request. If you have any further questions please call Jeff.

NOTICE

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CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

DEC 01 2011

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended

1 The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Toast of the Town, LLC

2 The address of the initial designated office of the Limited Liability Company in South Carolina is
2347 Sol Legare Road

Street Address

Charleston

City

29412

Zip Code

3 The initial agent for service of process of the Limited Liability Company is

John F. Martin

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

113 Wappoo Creek Drive

Street Address

Charleston

City

29412

Zip Code

4 The name and address of each organizer is

(a) Robin M. Robinson

Name

2347 Sol Legare Road

Street Address

Charleston

City

South Carolina

State

29412

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5 ☐ Check this box only if the company is to be a term company. If so, provide the term specified

080114-0374

FILED 01/14/2008

TOAST OF THE TOWN, LLC

Filing Fee \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Toast of the Town, LLC

Name of Limited Liability Company

- 6 ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a)

Name

Street Address

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(c)

Name

Street Address

City

State

Zip Code

(d)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

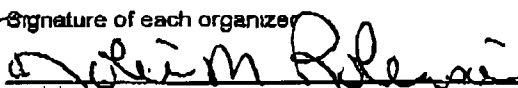
- 7 ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

Toast of the Town, LLCName of Limited Liability Company

- 8 Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time

- 9 Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

- 10 Signature of each organizer



Date

01/09/08

(Add Additional lines if necessary)

FILING INSTRUCTIONS

- 1 File two copies of this form, the original and either a duplicate original or a conformed copy
- 2 If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form
- 3 This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State

Return to Secretary of State
P O Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728